



State of New Hampshire
Board of Pharmacy
121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

RENEWAL FEE: \$750.

Check or Money Order Payable To:
Treasurer, State of New Hampshire

NON-RESIDENT PHARMACY PERMIT RENEWAL APPLICATION
APRIL 1, 2015 – DECEMBER 31, 2015 REGISTRATION PERIOD

NH Reg. #: **NR** _____

Pharmacy Name: _____

Address: _____

City/State/Zip: _____

**Your Current NH Non-Resident,
Mail-Order Pharmacy Permit
Expires On 3/31/2015.**

You must renew prior to this date in
order to continue to provide prescription
drugs/devices to patients in NH.

Pharmacy Telephone Number (<i>Direct Line To Pharmacist for Board Use/Licensing Inquiries Only</i>) ()	Pharmacy Fax Number ()	Toll-Free Phone Number For Use By NH Residents ()
Pharmacy Contact's E-Mail Address:		Pharmacy Web Page Address (If Applicable)

Resident State Pharmacy License/Registration (<i>Must attach copy of <u>current</u> home-state license</i>): Number: _____ Exp. Date: _____	DEA Registration (If Shipping Controlled Drugs, if not write N/A) – <i>Attach copy to this form</i> : Number: _____ Exp. Date: _____
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Name Of Pharmacist-In-Charge	Pharmacist License Number	State Of Issue
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Pharmacy Hours		
Monday -Friday (Open – Close):	Saturday (Open – Close):	Sunday (Open – Close):

Pharmacy Type (Check <u>All</u> That Apply):			
<input type="checkbox"/> Community Pharmacy	<input type="checkbox"/> Home Infusion Pharmacy	<input type="checkbox"/> Long Term Care Pharmacy	<input type="checkbox"/> Research/Investigational
<input type="checkbox"/> Charitable Dispensing	<input type="checkbox"/> Nuclear Pharmacy	<input type="checkbox"/> Call Center	<input type="checkbox"/> Other (<i>Describe Below</i>):
<input type="checkbox"/> Central Prescription Processing <i>*(Must Have Copy of Quality Assurance Program Available Upon Request)</i>			

Types of Prescription Items Being Shipped To New Hampshire Residents:			
<input type="checkbox"/> Non-Controlled Drugs	<input type="checkbox"/> Controlled Drugs	<input type="checkbox"/> Prescription Devices	<input type="checkbox"/> Prescription Diabetic Supplies
<input type="checkbox"/> None (Non-Dispensing)	<input type="checkbox"/> Non-Sterile Compounded Drugs	<input type="checkbox"/> Other (<i>Describe</i>):	
 <input type="checkbox"/> Sterile Compounded Drugs <i>* If shipping Sterile Compounded Products to NH Residents, you <u>must</u> attach items 1-5; additionally, by signing this <u>renewal</u> application you acknowledge that the pharmacy has item #6 on hand and available upon request:</i>			
<ol style="list-style-type: none">Any and all GAP analysis reports related to the pharmacy done within the last twelve (12) months;Any and all certification documents on compounding equipment done within the last six (6) months;An inventory listing of any / all products shipped into the State of New Hampshire within the last six (6) months, including product, quantity, location of shipment, and date of shipment;Any Department of Health and Human Services, Food and Drug Administration Inspection Reports (Form FDA 483) issued within the last twelve (12) months and any responses submitted to these agencies by the pharmacy;Any state inspection reports issued within the last eighteen (18) months and any responses submitted to these agencies regarding the inspection reports by the pharmacy; andThe pharmacy's policies and procedures on sterile compounding. (<i>Do not attach – but must be available upon request</i>)			

